



## School Transfer Option Parent Request Form

Please complete the top half of this form and return to your child's current school or to:  
San Diego Unified School District  
Neighborhood Schools and Enrollment Options Office Attn: Marceline Marques  
4100 Normal Street, Annex 12  
San Diego, CA 92103-2682  
(619) 260-2410 Telephone (619) 725-7311 Fax

\_\_\_\_\_ I do not wish to consider a transfer for my child at this time.

\_\_\_\_\_ I would like to consider a transfer for my child.

\_\_\_\_\_ Please contact me regarding my options.

School Options Requested \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Student's Current School \_\_\_\_\_

I have read my rights concerning the transfer option for victims of violent crimes.

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Parent/Guardian*

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**(For School Office use only)**

Site Administrator \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Police Officer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

*Schools mail or fax (619-725-7311) completed form to Neighborhood Schools and Enrollment Options Office,  
Eugene Brucker Education Center, Annex 12.*

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Exercised Transfer Option:  YES  NO

If **Yes**, transferred from \_\_\_\_\_ to \_\_\_\_\_

Date transferred \_\_\_\_\_

Attachment - 2

Revised 8.16